22/07/2019

Dr Kate Baddock

Chairperson

New Zealand Medical Association

PO Box 156 Wellington 6140

Dear Dr Baddock,

**Re: TV1 Breakfast Interview on The End of Life Choice (EOLC) Bill 22/05/19**

On 22/05/19 you appeared on TV1 Breakfast Television in your role as the New Zealand Medical Association’s chair in an interview with Ms Hayley Holt. Ms Holt introduced the interview by indicating that newly proposed amendments to the EOLC Bill which was set to have its second reading in parliament had been “flat out rejected by the New Zealand Medical Association (NZMA)”

Before discussing some of your responses to the interviewer’s questions, it may be helpful to review some of the values of the NZMA, as stated on the NZMA website.

 *“Integrity and Honesty**We model the highest standards of personal and professional behaviour in all our activities and interactions. We are open and transparent in our representations and in the way that we work.” “Responsive**We are proactive in meeting new challenges.
 We are open to change.”* “*Evidence-based medicine**There is a need to educate the media and public on what evidence-based medicine is and why it is important. Health literacy and how to interpret evidence is part of this. Evidence-based decision making should also apply to policy development and implementation and, wherever possible, the NZMA will underpin its representations with research and evidence.” “Health policy formulation**The NZMA has been concerned for some time that agencies are too focused on implementation activities and with not enough attention paid to the front end (research, analysis, consultation, policy development) and the back end (evaluation and review). We have raised this with the Ministry of Health and others, and we welcomed Sir Peter Gluckman’s report The Role of Evidence in Policy Formation and Implementation (Sept 2013). This report provides…..”*

It is clear from these statements and others on the NZMA website, that the Association wishes to give trustworthy authoritative advice to Government bodies and other organisations, using the highest professional standards, based on evidence.

**TV1 Breakfast Interview**

***1)*** *When asked why the NZMA was opposed to euthanasia you indicated that involving doctors in assisting a person to die was against the Declaration of Geneva and against the ethics of the medical profession.*

You know that doctors are involved in helping people to die already. The most obvious clinical situation occurs in the Intensive Care Unit (ICU) at such times when it is clear to all involved (medical and nursing staff, and family) that continuing with life support is no longer appropriate. The supporting technologies are not simply withdrawn – the patient is given sedating agents in sufficient quantities to ensure that there will be no distress. While the staff’s sadness and the family’s grief are not prevented, there can be some comfort knowing that the person has died peacefully.

There are also other scenarios in medicine when assisting someone to die is a clinically appropriate treatment, and for you to state that doctors cannot do such things is wholly erroneous and misleading. We know that you have doctors on your Board who are familiar with these processes and who are involved in such decision making on a regular basis. In addition, 2 studies undertaken in this country have shown that at least 4% of general practitioners have broken the law by assisting death at the end of life, out of compassion for their patients.

As you know, the World Medical Association (WMA) Declaration of Geneva (“The Physician’s Pledge”) has 13 pledges, which include the statements that doctors ‘must maintain the utmost respect for human life’, and ‘that the health and wellbeing of our patients will be our first consideration’, both of which you quoted in the interview. But respect for human life does not necessarily mean that a life of suffering should be prolonged against the sufferer’s will. In fact, sandwiched between these two pledges, the Declaration also states, “I will respect the autonomy and dignity of my patient”.

You did not refer to that pledge, but it is difficult to claim that one is adhering to the spirit of the Declaration if one is prepared to reject the pleas of a competent individual who is experiencing intolerable suffering.

**2*)*** *When asked if you opposed the Bill in its entirety, you answered in the affirmative and were then asked what actions you would be taking and whether you would be making submissions.*

Your response was to confirm that the NZMA had already made submissions to the Justice Select Committee in February 2018, and that these were focussed on the failure of the Bill to address the social issues particularly those of coercion, competence, normalisation of suicide, changing society and the doctor-patient relationship for the worse, vulnerability, and protection from a wrongful death. You indicated that the NZMA believed that no such legislation would ever be safe.

The NZMA has been on the wrong side of history in the past, for example in taking conservative, paternalistic and moralistic approaches on issues such as contraception and abortion. Even now the Association’s stance on abortion law reform is significantly different from that of New Zealand Family Planning (which advocates legalised abortion for any reason).

In stating that it is the NZMA’s belief that no such legislation can ever be safe, you are asserting the superior intellect, insight, analytical powers and judgement of the six members of a small parochial New Zealand Board whose collective knowledge and experience of this subject is likely limited to discussions around the boardroom table, over that of the judiciaries of the Netherlands, Belgium, Luxembourg, Switzerland, Colombia, California, Oregon, Montana, Washington State, Colorado, Vermont, Canada and Victoria (Australia) representing more than 150 million people.

It is important that the New Zealand public is made aware that there is absolutely **no** contemporary evidence to support any aspect of your opposition to giving the people of this country the right to End Of Life Choice (EOLC). It has been successfully implemented in many countries none of whom have reversed their legislation. It is not unethical, there is no evidence in the literature of coercion, increased suicide rates, distrust of doctors, exploitation of the vulnerable, or of wrongful deaths. In all of these countries and states the practice is subject to government-controlled audit. Your dismissal of polls, not only in this country, but of those undertaken in many nations around the world, showing that the majority of people in these countries understand and support EOLC, represents blatant and unapologetic paternalism.

Many Medical and Nursing Associations take a neutral or supportive stance on End Of Life Choice. These include The Royal College of Physicians, The Royal NZ College of GPs, The Royal Australasian College of Physicians, The Royal Dutch Medical Association, The Canadian Medical Association, The Royal Australian College of GPs, The Australian Medical Students Association, The Californian Medical Association, The American Academy of Family Physicians, The Massachusetts Medical Society, The UK Royal College of Nursing, The New Zealand Nurses Organisation, and the Victorian branch of the Australian Nursing and Midwifery Federation.

The interview ended with the interviewer expressing sadness in response to your comment that 50% of people undergoing euthanasia in the Netherlands did so unwillingly, because they felt they were a burden. The sadder fact is that your comment represents a gross distortion of the facts, of which you are well aware. The majority of Dutch people are proud of their euthanasia legislation and trust the medical and nursing staff who carry out this work. Feeling that one is a burden is often a component of severe illness or suffering, but it has never been a criterion for requesting euthanasia, and such a request has always and would always, be rejected.

We would submit to you that the quality and accuracy of the statements made by you on national television fell well short of the standards aspired to by the New Zealand Medical Association. The NZMA board contains members who have devoted their professional lives to the analysis of studies published in the evidence-based literature and have practiced clinical medicine accordingly. What possible reason therefore could lead them to abandon these ideals and disciplines and those of the NZMA’s stated values, to support the entirely unsupportable comments that you made on Breakfast Television, and the conclusions and recommendations stated in the NZMA Submission to the Justice Select Committee 2018?

You and several Board members received communications from us in 2018 expressing concerns about the standard of the NZMA submission, with the offer of a meeting to provide you with evidence from jurisdictions where EOLC was well established. No response was received. It is difficult to avoid the conclusion therefore that on this issue at least, despite being aware that there is evidence in favour of EOLC, disciplined rational evidence-based scientific medicine has been abandoned in favour of conservative cultural and personal beliefs. As such you and the Board could be accused of being no more advanced than the “anti-vaxers” or the “anti-1080 lobby”, whose beliefs cannot be impinged upon by science, fact, or rational thinking.

Yours sincerely,

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 Dr Jack Havill, Retired Intensive Care Medicine Specialist

Dr Libby Smales, CNZM FAChPM Palliative Care Physician (retired) currently working as a crisis/grief counsellor

Dr Lannes Johnson Mb ChB; FRNZCGP (Dist); Med Sci (hons), retired GP Obstetrician and Palliative Care 50 Years.

Dr Frank Kueppers, urooncological surgeon

Dame Margaret Sparrow, retired sexual health physician

Dr Alison Glover, General Practitioner

Dr Jay Kuten, Retired Psychiatrist Whanganui

Dr Rowan Stephens, Retired GP

Dr John Duncan, FRNZCGP (30 years as a GP)

Dr James Davidson, Retired Pathologist

Dr John Bonning, Emergency Physician

Dr Alastair MacDonald, Retired Renal physician and current Clinical Ethics Advisor

Dr Carol Shand, retired GP and Fellow of the Australasian College of Sexual Health Physicians

Dr Gary Payinda, Emergency Medicine Specialist

Dr Stuart Tiller, FRNZCGP, Auckland

Dr Dylan Mordaunt, FRACP, Clinical geneticist

Dr Angela Hancock, practising GP, 25 years

Dr John Musgrove, Retired GP